



REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 8733.977.00															
<div style="border: 1px solid black; padding: 2px;">In re Application of Yun Bok LEE et al.</div>																	
<div style="border: 1px solid black; padding: 2px;">Application Number 10/736,677</div>		<div style="border: 1px solid black; padding: 2px;">Filed December 17, 2003</div>															
<div style="border: 1px solid black; padding: 2px;">For: ION BEAM IRRADIATION DEVICE</div>																	
<div style="border: 1px solid black; padding: 2px;">Art Unit 2881</div>	<div style="border: 1px solid black; padding: 2px;">Examiner David A. Vanore</div>																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 30%; text-align: right;">120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. <i>A duplicate copy of this sheet is enclosed.</i></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,106</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>_____ Date</p><p>_____ (202) 496-7500 Telephone Number</p></div><div style="width: 45%; text-align: center;"><p> _____ Signature</p><p>Eric J. Nuss _____ Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	120.00															
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$																
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$																
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$																
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																
<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>																	

07/14/2006 SZWDIE1 00000083 10736677

01 FC:1251

120.00 OP